# **BID FORM**

### PROJECT NAME AND LOCATION:

Exterior Paint Rainier View I		Contract Number: DW2401031
BID FORM		
The undersigned, Legal Name of Bidder:		
Owner, hereby proposes to furnish labor, m	aterials and neces	iliarized him/herself with the contract documents named in the project manual as prepared by the sary equipment – all including, but not limited to cable taxes and fees to complete the work for the
BASE BID (Including sales tax	c indicated in Inst	ructions to Bidders) (\$)
<b>UNIT PRICES - See Specification Section</b>	n 01100, 1.7D – U	Init Prices
Unit Price No. 1 Fascia, Rake, Gable Fiber Cement Board 1x6 (In	ncluding sales tax	(\$) indicated in Instructions to Bidders)
Unit Price No. 2 T111 Plywood Siding 4x8 sheets (Including s	ales tax indicated	in Instructions to Bidders)
ADDENDA Acknowledge receipt of any	v addenda by inse	rting the number(s) above
In submitting this bid, it is understood that	the right is reser	ved by the Owner to reject any and all bids. The and firm offer for a period of Sixty (60) calenda
Bidder agrees that Work will be substantial Contract Documents on or before the date, we have the date of the date.		I ready for final payment in accordance with the of calendar days indicated.
solicitation date for this Project, the bidder provision of chapters 49.46, 49.48, or 49.52	r is not a "willful 2 RCW, as detern	hree-year period immediately preceding the bid "violator, as defined in RCW 49.48.082, of any nined by a final and binding citation and notice of or through a civil judgment entered by a court of
I certify (or declare) under penalty of perjutrue and correct.	ary under the law	s of the State of Washington that the foregoing is
Signature of Bidder		t Your Name
Submitted on	day of	2024
City	Stat	<u> </u>

# **BIDDER INFORMATION**

### **BIDDER INFORMATION**

Name of Bidder (Company):			
Address:			
Contact Name:			
Phone Number:	Email Add	dress:	
Business Type: General Contractor	( ) Other ( ) (Please	e specify):	
Bidder is a(n): □ Individual □ Part	nership 🛮 Joint Vent	ure   Incorporated in the	ne state of
List business names & associated U	BI# used by Bidder	during the past 5 years	if different than above:
Bidder has been in business continu	ously from:	Month, Year	
Business License #:	Feder	•	
Current UBI #:	Dept. of L&I V	Vorker's Comp. Acct. #:	
Bidder has experience in work "Sim	nilar in Scope and Co	mplexity" comparable to	o that required for this Project:
As a prime contractor for	years. As a	subcontractor for	years.
OWNER(S) OF COMPANY (List a	OWNER'S SOCIAL SECURITY NUMBER required if sole proprietorship):		` •
No. of regular full-time employees	other than owner(s): _		
Indicate clearly the kind of work yo	ur company will actu	ally perform in this proj	ect:
Approximate % of work your comp	any will actually perf	orm:	
List the supervisory personnel to be	employed by the Bid	der and available for, an	nd intended to, work on this project:
Name	<u>Title</u>		How Long With Bidder

### **BIDDER INFORMATION**

#### **SUBCONTRACTORS**

Do you intend to use Subcontractor(s) in this project?	Yes $\square$ No $\square$ (If yes, you <u>must</u> show the name of the
subcontractors. Attach additional pages as necessary.)	

Subcontractors Name	Subcontractor's UI	BI#	Phone Number	Trade		Years in Business
1.						
2.						
3.						
4.						
5.						
BIDDER'S EXPERIENCE  Projects successfully supervise				lar scope and val	ue as s	specified in
bid documents in the last 5 yea  Name of Project	Completion Date	Duratio	-		An	nount of
	compression zure	(Months				ntract
1.						
2.						
3.						
4.						
5.						
Owner's Name (of project	Project Address	1	Contact Person		Pho	one
listed above)	Troject Address		Contact I erson			mber
1.						
2.						
3.						
4.						
5.						
Has Bidder ever been found gu If yes, give details & attach add	ilty of violating any ditional pages as nec	State or F	Federal employment la	ws? □ No □ Ye	es	

Has Bidder ever filed for protection under any provision of the federal bankruptcy laws or state insolvency laws?

☐ No ☐ Yes If yes, give details & attach additional pages as necessary: \_

### **BIDDER INFORMATION**

years? (i.e., open claims, lawsuit	s, warrants, judgements including but	not limited to those that would show on the ages as necessary:
		State Worker's Compensation or other rment in the past 5 years? ☐ No ☐ Yes
<u>Date</u>	Type of Injury	Agency Receiving Claim
		<u> </u>
Bidders current Experience Mod	ification Rate (EMR):	
(If Bidder is self-insured, attach	proof of EMR stated, showing comp	lete worksheet calculations)
The bidder hereby certifies that current.	the information contained in this B	idder's Information is accurate, complete and
BY:	NAME:	
(signature)		(print)
TITLE	DATE:	